

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees		Page 1 of 4	LEGISLATIVE RESOURCE CENTER
John B. Lerson (Full Name)		202-225-2265 (Oeytime Telephone)		2011 MAY 11 PM 12:40 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: CT District: 1ST	<input type="checkbox"/> Officer Or Employee	Employing Office:		A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date:		

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name John B. Larson

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Networking Concepts LLC Dissolved 7/27/2010	Insurance Commissions for past services.	Income: 0 Loss: \$1,235
Aero-Med, LTD	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John B. Larson

Page 3 of 4

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>SP Aero-Med, LTD 401(k) Profit Sharing Plan Vanguard Target Retirement 2025</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS/INTE REST</p>	<p>\$1 - \$200</p>	<p>P</p>
<p>American Eagle, F.C.U.</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$201 - \$1,000</p>	
<p>Congressional F.C.U.</p>	<p>\$1,001 - \$15,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>SP Fidelity Investment IRA CD & Money Market</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST/DIVID. ENDS</p>	<p>\$1,001 - \$2,500</p>	
<p>Fidelity Investment SEP Not Self Directed</p>	<p>\$100,001 - \$250,000</p>	<p>DIVIDENDS/INTE REST/CAPITAL GAINS</p>	<p>\$5,001 - \$15,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John B. Larson

Page 4 of 4

JT	Fleet Bank Checking	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Fleet Bank IRA CD	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Fleet Bank IRA CD	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Networking Concepts LLC Dissolved 7/27/10	CLOSED	Other: See Schedule I/See	See Schedule I	

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 10:20

Joseph D. Courtney
(Full Name)

202-225-2076
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives

State: CT
District: 2

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
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<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Joseph D. Courtney

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
St. Francis Hospital and Medical Center	Spouse Salary	N/A
Windham Hospital	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

Page 3 of 8

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
401(a) Plan-Invesco Van Kampen Equity and Income	\$1,001 - \$15,000	None	NONE	
403(b) Lincoln Multi-Fund Variable Annuity	\$1,001 - \$15,000	None	NONE	
529-Franklin Templeton Age 17-20 Years C	\$1,001 - \$15,000	None	NONE	
529-Franklin Templeton Age 17-20 Years S	\$1,001 - \$15,000	None	NONE	
Commonwealth Annuity and Life "Exceptional Life Policy"	\$1,001 - \$15,000	None	NONE	
Def. Cont. Plan-American Balanced Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

Page 4 of 8

	Def. Cont. Plan-Russell LifePoints Growth Strategy	\$1,001 - \$15,000	None	NONE	
	Def. Cont. Plan-Washington Mutual Investors Fund	\$1,001 - \$15,000	None	NONE	
	IRA-American Growth Fund of America (GFACX)	\$15,001 - \$50,000	None	NONE	
	IRA-American Small Cap World (SMCWX)	\$15,001 - \$50,000	None	NONE	
	IRA-Blackrock Focus Growth (MCFOX)	\$1,001 - \$15,000	None	NONE	
	IRA-Blackrock Large Cap (MCLRX)	\$15,001 - \$50,000	None	NONE	
	IRA-Invesco Van Kampen Global Franchise (VGFCX)	\$15,001 - \$50,000	None	NONE	
	IRA-J Hancock Financial Inds (FIDAX)	\$15,001 - \$50,000	None	NONE	
	IRA-Lord Abbett Classic Large Stock CI C (LLRCX)	\$15,001 - \$50,000	None	NONE	
	IRA-Lord Abbett Small Cap Blend (LSBCX)	\$1,001 - \$15,000	None	NONE	
	IRA-Merrill Cash/Money Accounts	\$15,001 - \$50,000	None	NONE	
	IRA-Putnam International New Growth CI C (PIOCX)	\$1,001 - \$15,000	None	NONE	
	Met Life Variable Annuity- Janus Forty Portfolio	\$1,001 - \$15,000	None	NONE	
	Met Life Variable Annuity- Metlife Stock Index Portfolio	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

Page 5 of 8

	Met Life Variable Annuity- Oppenheimer Global Equity Portfolio	\$15,001 - \$50,000	None	NONE	
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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph D. Courtney

Page 6 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependant child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Connecticut District Export Council	Apr. 5-11	Hartford-Tel Aviv, Israel- Hartford	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Joseph D. Courtney

Page 7 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member (uncompensated)	Connecticut Health Policy Project

FOOTNOTES

Name Joseph D. Courtney

Page 8 of 8

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Age-based 529. This is a "fund of funds" that holds several Franklin Templeton funds that were listed individually in prior reports based information contained in the prospectus regarding the fund's holdings.	529-Franklin Templeton Age 17-20 Years C
2	Schedule III	Small spouse retirement accounts valued respectively at \$3,747 and \$5,218 at the end of 2010. Inadvertently omitted from prior reports. Value range and investment choice were same in prior years.	401(a) VanKampen and 403(b) Lincoln entries.
3	Schedule III	From small spouse retirement account inadvertently omitted from prior reports. Three funds indicated valued just over reporting threshold in 2010 and in prior years.	Def. Cont. Plan entries
4	Schedule III	Surrender value of \$9,400. Indvertently omitted from prior reports. Value range was the same in prior years. Policy does not provide investment options.	Commonweath Annuity and Life Policy
5	Schedule III	Inadvertently omitted from prior reports. Value ranges and investment options were the same in prior years.	Met Life Variable Annuity entries

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees		Page 1 of 8 LEGISLATIVE RESOURCE CENTER 011 MAY 13 PM 5:03 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES HAND DELIVERED (Office Use Only)
Rosa L. DeLauro (Full Name)		202-225-3661 (Daytime Telephone)		<i>MC</i>
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>CT</u> District: <u>3rd</u>	<input type="checkbox"/> Officer Or Employee	Employing Office:	
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SCHEDULE I - EARNED INCOME

Name Rosa L. DeLauro

Page 2 of 8

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Source	Type	Amount
Greenberg Quinlan Rosner Research Inc. Washington, DC	Spouse Salary	N/A
Greenberg Research Inc. Washington, DC	Spouse Salary	N/A
John Hancock Retirement Account	Spouse Distribution	N/A
TIAA CREF Retirement Account	Spouse Distribution	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

Page 3 of 8

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
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JT	Bank of America Checking	\$1 - \$1,000	None	NONE	
JT	Chase Home Finance-Escrow	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Citizens Bank-Scholarships	\$1,001 - \$15,000	None	NONE	
SP	Greenberg Quinlan Rosner Research Inc. 67% Owner 10 G Street, NE WDC 20002 Polling/Consulting	\$5,000,001 - \$25,000,000	See Statement I	NONE	
SP	Greenberg Research Inc. 100% Owner 10 G Street, NE WDC 20002 Strategic Consulting	\$1 - \$1,000	See Statement II	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

Page 4 of 8

SP	JH Rtrmt-Lifecycle 2015	\$500,001 - \$1,000,000	None	NONE	S(part)
SP	Mass Mutual Whole Life Insurance Policy	\$250,001 - \$500,000	None	NONE	
JT	ML-Blackrock Global	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	ML-Columbia Marsico 21st	\$15,001 - \$50,000	None	NONE	
JT	ML-Ivy Asset Strategy	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	ML-MMFunds	None	None	NONE	
JT	ML-MMFunds	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	ML-PIMCO Total Return	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	P
SP	Pacific Life Universal Life Insurance Policy	\$50,001 - \$100,000	None	NONE	
SP	Regents of UCLA Los Angeles, CA	None	Royalties	\$201 - \$1,000	
SP	Sun Surveys LLC 60% Owner 9425 Sunset Drive Miami, FL Phone Surveys	\$1 - \$1,000	Ptnrshp Income	\$15,001 - \$50,000	
	TIAA CREF Retirement TIAA TRADITIONAL	\$15,001 - \$50,000	None	NONE	
SP	TIAA CREF- CREF Stock Retirement	\$1,001 - \$15,000	None	NONE	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

Page 5 of 8

SP	TIAA CREF- TIAA Traditional Retirement	\$100,001 - \$250,000	None	NONE	
	TIAA CREF-CREF Stock Retirement	\$100,001 - \$250,000	None	NONE	
JT	United Bank Checking	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	United Bank Checking	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Rosa L. DeLauro

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	JH Rtrmt-Lifecycle 2015	S(part)	N/A	9-27-10	\$50,001 - \$100,000
SP	JH Rtrmt-Lifecycle 2015	S(part)	N/A	9-24-10	\$15,001 - \$50,000
JT	ML-PIMCO Total Return	P	N/A	var	\$1,001 - \$15,000
SP	TIAA CREF-CREF Stock Retirement	S(part)	N/A	8-4-10	\$50,001 - \$100,000

SCHEDULE V - LIABILITIES

Name Rosa L. DeLauro

Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
SP	TIAA CREF Carol Stream, IL 60197	12-15-2009	Loan	\$15,001 - \$50,000
SP	TIAA CREF Carol Stream, IL 60197	8-4-2010	Loan	\$10,001 - \$15,000
SP	Bank of America Wilmington, DE 19886	2009	Loan	\$50,001 - \$100,000
SP	John Hancock	9-24-2010	Loan	\$15,001 - \$50,000
JT	Diners Club Des Moines, IA 50368	12-31-2010	Revolving Charge Account	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Rosa L. DeLauro

Page 8 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SEE ATTACHED LISTING	SEE ATTACHED LISTING

Rosa L. DeLauro

SCHEDULE VIII - POSITIONS:

<u>Position</u>	<u>Name of Organization</u>
Honorary Board Member	Women's Campaign School at Yale University
Honorary Board Member	Special Olympics
Honorary Board Member	Sisters Journey
National Advisory Board	Roosevelt Institution
National Advisory Board	National Research Center for Women & Families
Member	CT International Women's Forum
Honorary Board Member	Women's Health Research at Yale
Distinguished Board Member	National Organization of Italian American Women
Board of Trustees	Kennedy Center
Board of Directors (ex-officio)	The Governor's Prevention Partnership
Honorary Board of Directors	Cancer Schmancer Movement
Congressional Advisory Council	The Faith and Politics Institute
Advisory Board	The Perry House: Doorway to Stratford
Member	Order of the Sons of Italy in America
Member	Italian American Historical Society of CT
Member	NAAACP
Member	The Arts Council of Greater New Haven
Member	Delta Kappa Gamma Society (Honor Society of Women Educators)
Life Member	Hadassah, Wapawuag, CT Valley-West Rock Chapter
Honorary Board Member	National Organization of Italian American Women
Honorary Board Member	The Center for WorkLife Law (WLL)
Honorary Member, Advisory Committee	Diapers for Older Children with Special Healthcare Needs
Honorary Council Member	THE WAY

Rosa L. DeLauro

SCHEDULE VIII – POSITIONS (continued)

<u>Position</u>	<u>Name of Organization</u>
Advisory Board	GrowJobsCT
Honorary Board	National Women's History Museum
Honorary Board	National Student Leadership Conference

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 3:

Greenberg Quinlan Rosner Research Inc. –
Ownership value based on an independent business
valuation.

Statement II, Schedule III, Page 3:

Greenberg Research, Inc. – Ownership value based
on an independent business valuation.

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 5 For use by Members, officers, and employees
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LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 3:45

 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

 Christopher Murphy
 (Full Name)

 202-225-4476
 (Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>CT</u> District: <u>05</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Christopher Murphy

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Connecticut Legal Services	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher Murphy

Page 3 of 5

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchase (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	Charles Schwab Roth IRA	\$1,001 - \$15,000	INTEREST	NONE	
DC	CHET 529 Plan	\$1,001 - \$15,000	INTEREST	NONE	
SP	Vanguard 401K	\$15,001 - \$50,000	INTEREST	NONE	

SCHEDULE V - LIABILITIES

Name Christopher Murphy

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
SP	Sallie Mae	2001	student loan	\$15,001 - \$50,000
	Sallie Mae	2002	student loan	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Christopher Murphy

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Board	Susan B. Anthony Project

CHRISTOPHER S. MURPHY
5TH DISTRICT, CONNECTICUT

COMMITTEE ON
FOREIGN AFFAIRS

COMMITTEE ON OVERSIGHT
AND GOVERNMENT REFORM

412 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-4476

Congress of the United States
House of Representatives
Washington, DC 20515-0705

CONNECTICUT OFFICE:
114 WEST MAIN STREET, SUITE 206
NEW BRITAIN, CT 06051
860-223-8412

May 12, 2011


The Honorable Jo Bonner, Chairman
The Honorable Linda T. Sánchez, Ranking Member
Committee on Ethics
United States House of Representatives
Washington, DC 20515

Dear Chairman Bonner and Ranking Member Sánchez:

In previous financial disclosures I have disclosed a “term” life insurance policy as an asset. After reviewing guidance from the Committee on Ethics on financial disclosure, I understand that it is not necessary to disclose a term life insurance policy. As you know, a term life insurance policy is one where my family pays a premium and if something should happen to me, my survivors would receive a payment. I do not have any ownership of any assets nor do I make any investment decisions regarding this policy. Therefore, pursuant to guidance on page 17 of the *Instruction Guide for Completing Calendar Year 2010 Financial Disclosure Statement*, I am not disclosing this insurance policy at this time.

Please contact me if you have any comments or concerns.

Sincerely,


Christopher S. Murphy
Member of Congress